

1.) CORPORATION NAME:

**ALFA MUTUAL INSURANCE COMPANY**

DUE DATE: **7/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
KENNETH T GEE  
4480 COX RD  
GLEN ALLEN, VA 23060**

SCC ID NO: **F1479593**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**AL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2108 E SOUTH BLVD

CITY/ST/ZIP: MONTGOMERY, AL 36116-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEPHEN LEONARD DUNN  
TITLE: TREASURER  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116-

☒

OFFICER

☒

DIRECTOR

NAME: JERRY ALLEN NEWBY  
TITLE: PRES/CEO  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116-

☒

OFFICER

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DIRECTOR

NAME: H ALAN SCOTT  
TITLE: SECRETARY  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116-

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OFFICER

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DIRECTOR

NAME: HAL LEE  
TITLE: DIRECTOR  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116-

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OFFICER

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DIRECTOR

NAME: DEAN WYSNER  
TITLE: DIRECTOR  
ADDRESS: 2108 E SOUTH BLVD  
CITY/ST/ZIP/CO: MONTGOMERY, AL 36116-

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OFFICER

☒

DIRECTOR

NAME:	JAKE HARPER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	JOE DICKERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	C LEE ELLIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	TED GRANTLAND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	DONNIE GARRETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	DARREL HAYNES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	JOHN E WALKER,III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	MARSHALL PRICKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	RICHARD EDGAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		
NAME:	DICKIE ODOM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2108 E SOUTH BLVD		
CITY/ST/ZIP/CO:	MONTGOMERY, AL 36116-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRY HENRY DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL SANDERS DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID BITTO DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SAMMY WILLIAMS DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICKY WIGGINS DIRECTOR 2108 E SOUTH BLVD MONTGOMERY, AL 36116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ H ALAN SCOTT		H ALAN SCOTT, SECRETARY	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			